

Camp Authorization Form

Limited camping assistance may be provided to eligible families on a first-come, first-served basis. Funds will be deducted from your annual Family Support Allotment for the calendar year. Families should fill out this form and return it to NEON by email, fax or mail. This information can be found at the bottom of this form.

Phone: (800) 237-6828 Ext: 110

Eligible Camper: _____ Date of Request: _____

Address: _____ Date of Birth: _____

_____ Current Age: _____

Parent/Guardian: _____ **Daytime Phone Number:** _____

E-mail address: _____

Name of Camp: _____ Camp Placement Confirmed: YES NO

Address: _____

Camp Phone Number: _____ Camp Contact Person: _____

Start Date: _____ End Date: _____ E-Mail: _____

School District: _____

Has Extended School Year Service (ESY) been authorized? YES NO

Amount Requested from Family Supports Program: _____

*Please note that registration fees or before or after camp programs cannot be funded through the Family Supports Program.

Note to Camps: Please send the invoice to NEON within 4 weeks of the conclusion of the camp session. Payment will be forwarded at this time. **Final date for acceptance of camp bills will be October 31 of the current year.**

Family Support Program

To be completed by NEON Staff:

Amount to be paid by CCBDD: _____

Family Support Signature: _____

Original to Camp: _____

Copy to Family: _____

tl 1/16/18

Cuyahoga Family Support Program
5121 Mahoning Avenue, Suite 103
Austintown, Ohio 44515

Phone: 800-237-6828 FAX: 855-336-6968 email: CuyFSS@neoncog.org